

PHA Plans

Streamlined Annual Version

**U.S. Department of Housing and
Urban Development**
Office of Public and Indian
Housing

OMB No. 2577-0226
(exp. 08/31/2009)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined Annual PHA Plan

for Fiscal Year: 2009

PHA Name: Lycoming County Housing Authority

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.

Streamlined Annual PHA Plan Agency Identification

PHA Name: Lycoming County Housing Authority **PHA Number:** PA021

PHA Fiscal Year Beginning: (mm/yyyy) 01/2009

PHA Programs Administered:

☒ **Public Housing and Section 8**

Number of public housing units:

Number of S8 units:

☐ **Section 8 Only**

Number of S8 units:

☐ **Public Housing Only**

Number of public housing units:

☐ **PHA Consortia:** (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

PHA Plan Contact Information:

Name: Elizabeth Turner

Phone: 570-323-3755

TDD:

Email (if available): beth@lycominghousing.org

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

☒ PHA's main administrative office ☐ PHA's development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. ☒ Yes ☐ No.

If yes, select all that apply:

☒ Main administrative office of the PHA

☐ PHA development management offices

☐ Main administrative office of the local, county or State government

☐ Public library ☐ PHA website ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

☒ Main business office of the PHA ☐ PHA development management offices

☐ Other (list below)

Streamlined Annual PHA Plan

Fiscal Year 2009

[24 CFR Part 903.12(c)]

Table of Contents

[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

A. PHA PLAN COMPONENTS

- ☒ 1. Site-Based Waiting List Policies
903.7(b)(2) Policies on Eligibility, Selection, and Admissions
- ☒ 2. Capital Improvement Needs
903.7(g) Statement of Capital Improvements Needed
- ☒ 3. Section 8(y) Homeownership
903.7(k)(1)(i) Statement of Homeownership Programs
- ☐ 4. Project-Based Voucher Programs
- ☒ 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
- ☒ 6. Supporting Documents Available for Review
- ☒ 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- ☒ 8. Capital Fund Program 5-Year Action Plan

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50076, *PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan* identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

Form HUD-50070, *Certification for a Drug-Free Workplace*;

Form HUD-50071, *Certification of Payments to Influence Federal Transactions*; and

Form SF-LLL & SF-LLLa, *Disclosure of Lobbying Activities*.

1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B. **Yes see attached waiting lists by site. Demographics have remained stable since the beginning of site based waiting lists.**

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics
AMP 1: P.D. Mitchell, Round Houses, Peter Herdic, William Hepburn	1-2007	Stable/in line with area demographics	Same	0
AMP 2: Penn Vale, Robert Montgomery, Michael Ross	1-2007	Stable/in line with area demographics	Same	0

2. What is the number of site based waiting list developments to which families may apply at one time? all
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list? 1
4. ☐ Yes ☒ No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

B. Site-Based Waiting Lists – Coming Year

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

1. How many site-based waiting lists will the PHA operate in the coming year? Same as in 2008
2. ☐ Yes ☒ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?
3. ☒ Yes ☐ No: May families be on more than one list simultaneously
If yes, how many lists? all
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
 - ☒ PHA main administrative office
 - ☒ All PHA development management offices
 - ☒ Management offices at developments with site-based waiting lists
 - ☐ At the development to which they would like to apply
 - ☐ Other (list below)

2. Capital Improvement Needs

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Capital Fund Program

1. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2. ☐ Yes ☒ No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1. ☐ Yes ☒ No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).

2. Status of HOPE VI revitalization grant(s):

HOPE VI Revitalization Grant Status
a. Development Name:
b. Development Number:
c. Status of Grant:
<input type="checkbox"/> Revitalization Plan under development
<input type="checkbox"/> Revitalization Plan submitted, pending approval
<input type="checkbox"/> Revitalization Plan approved
<input type="checkbox"/> Activities pursuant to an approved Revitalization Plan underway

3. ☐ Yes ☐ No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name(s) below:

4. ☐ Yes ☐ No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:

5. ☐ Yes ☐ No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program (if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1. ☒ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

2. Program Description:

a. Size of Program

☐ Yes ☒ No: Will the PHA limit the number of families participating in the Section 8 homeownership option?

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

b. PHA-established eligibility criteria

☐ Yes ☒ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria:

c. What actions will the PHA undertake to implement the program this year (list)? Market to current residents; add to new resident package; review during briefings

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☒ Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- ☒ Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- ☐ Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- ☒ Demonstrating that it has other relevant experience (list experience below):
The Executive Director and the President of the LHA non-profit have more than 20 years mortgage lending experience. That experience includes lending, underwriting, budget counseling, qualifying and post housing counseling for buyers.

4. Use of the Project-Based Voucher Program

Intent to Use Project-Based Assistance

☐ Yes ☒ No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1. ☐ Yes ☐ No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:

☐ low utilization rate for vouchers due to lack of suitable rental units

- ☐ access to neighborhoods outside of high poverty areas
☐ other (describe below:)

2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: (provide name here) State of Pennsylvania
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
- ☒ The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
- ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☒ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- ☐ Other: (list below)
3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

6. Supporting Documents Available for Review for Streamlined Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
X	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input checked="" type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development.	Annual Plan: Rent

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	<input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any policies governing any Section 8 special housing types <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
X	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
X	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
X	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
N/A	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Lycoming County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26PO21501-09 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	92800			
3	1408 Management Improvements	185600			
4	1410 Administration	92800			
5	1411 Audit	1000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	45000			
8	1440 Site Acquisition				
9	1450 Site Improvement	55000			
10	1460 Dwelling Structures	360932			
11	1465.1 Dwelling Equipment—Nonexpendable	10000			
12	1470 Nondwelling Structures	35000			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	928132			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs	55000			
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Lycoming County Housing Authority			Grant Type and Number Capital Fund Program Grant No: PA26PO21501-09 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)						
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account		Total Estimated Cost		Total Actual Cost	
			Original	Revised	Obligated	Expended

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Lycoming Housing			Grant Type and Number Capital Fund Program Grant No: PA26PO21501-09 Replacement Housing Factor Grant No:			Federal FY of Grant: 2009		
Development # Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide/COCC	Operations	1406		92800				Ongoing
	Management Improv. Computer Software; Resident/Youth Programs; crime prevention activities/ staff training	1408		185600				Ongoing
	Administrative Oversight	1410		92800				Ongoing
	Audit	1411		1000				Scheduled
	A&E/construction inspections	1430		45000				As projects advance
Amp 2 PA62-2	Park Lighting	1450	8	55000				In process
Amp 1 PA21- 7,8,9, 10	Playground Equipment	1450	2	50000				In planning
AMP 1 PA21- 7,8,9,10	Replace windows for 112 units	1460	570 windows	360932				Planning

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary								
PHA Name: Lycoming County Housing Authority			Grant Type and Number Capital Fund Program Grant No: PA26PO21501-09 Replacement Housing Factor Grant No:				Federal FY of Grant: 2009	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report								
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost				
		Original	Revised	Obligated	Expended			
AMP 2	Replace snow removal equipment	1465.1	1	10000			Bid process	
Amp 1 PA21-7,8,9, 10	Replace bathrooms at Community Center	1470	2 HC accessible	35000			Planning	

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part III: Implementation Schedule**

Streamlined Annual Plan for Fiscal Year 2009

PHA Name: Lycoming Housing

Grant Type and Number

Capital Fund Program No: PA26PO21501-09

Replacement Housing Factor No:

Federal FY of Grant:

2009

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA wide/COCC	12/11			12/12			
Amp 2 PA62-2	12/11			12/12			
Amp 1 PA21-7,8,9, 10	12/11			12/12			
AMP 1 PA21- 7,8,9,10	12/11			12/12			
AMP 2	12/11			12/12			
Amp 1 PA21-7,8,9, 10	12/11			12/12			

ATTACHMENT 2 PHA Name : Lycoming County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26PO21506-08 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	71000	92800		
3	1408 Management Improvements	143300	185600		
4	1410 Administration	71000	92800		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	71000	92800		
8	1440 Site Acquisition				
9	1450 Site Improvement	85613	85613		
10	1460 Dwelling Structures	275000	378519		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	716913	928132		
22	Amount of line 21 Related to LBP Activities	15000	15000		
23	Amount of line 21 Related to Section 504 compliance	25000	25000		
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Lycoming County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26PO21506-08 Replacement Housing Factor Grant No:				Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide (COCC)	Operating Expenses	1406		71000	92800			
HA Wide (COCC and cost allocated to each AMP)	Management Improvements Computer Software Upgrades; Resident/Youth Programs; Crime Prevention Activities; Staff Training	1408		143300	185600			
HA Wide (COCC)	Administration/Oversight of Program	1410		71000	92800			
HA Wide (COCC)	A and E Fees; Construction Inspections	1430		71000	92800			
PA21-1 AMP 2	Underground Utilities (electric lines and cable lines)	1450	½ the Site	50000	50000			
	Install Site Common Area Lighting	1450	8	18113	18113			
	Remove Existing Clothesline Posts	1450	36	17500	17500			
	Replace Smoke Detectors	1460	144	15000	15000			
PA62-1 AMP 2	Replace Rubber Roof	1460	4000 sq. ft.	55000	55000			
	Kitchen Renovations	1460	52	0	82229			
PA21-5 AMP 1	Replace Apt. Flooring	1460	38	130000	130000			
	Move Electrical Service Panel	1460	1	15000	15000			
	Install Dumb-Waiter	1460	1	25000	25000			
	Replace Furnaces	1460	14	35000	49000			
	Replace Smoke Detectors	1460	70	0	7290			

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

PHA Name: Lycoming County Housing

[illegible]

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Lycoming County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA26R021501-08			Federal FY of Grant: 2008
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities		174648	174648	
19	1501 Collateralization or Debt Service	173160	0	0	
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	173160		174648	
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary								
PHA Name: Lycoming County Housing Authority			Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA26R021501-08				Federal FY of Grant: 2008	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report								
Line No.	Summary by Development Account	Total Estimated Cost				Total Actual Cost		
		Original		Revised		Obligated	Expended	
Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Lycoming County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA26R021501-08				Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Collateralization of Debt Service	1501		173160	0	0	0	
New Development	Development Activities for Lose Park Way	1499		0	174648	174648		In process

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Lycoming County Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA26R021501-08	Federal FY of Grant: 2008
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☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☒ Revised Annual Statement (revision no: 1)
Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost			Total Actual Cost		
		Original		Revised	Obligated		Expended

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Lycoming County Housing Authority	Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: PA26R021501-08	Federal FY of Grant:2008
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
All Activities	12/08			12/08			Higher Acquisition Costs, Need multiple years of funding

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary							
PHA Name: Lycoming County Housing Authority				Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA26R021501-08			Federal FY of Grant: 2008
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report							
Line No.	Summary by Development Account			Total Estimated Cost		Total Actual Cost	
				Original	Revised	Obligated	Expended

Annual Statement/Performance and Evaluation Report				Consolidated Plan			
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary							
PHA Name: Lycoming County Housing Authority				Grant Type and Number Capital Fund Program Grant No: PA26PO21501-07			Federal FY of Grant: 2007
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1) Performance and Evaluation Report for Period Ending: 9/30/08 <input type="checkbox"/> Final Performance and Evaluation Report							
Line	Summary by Development Account			Total Estimated Cost		Total Actual Cost	
				Original	Revised	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations			48128			
3	1408 Management Improvements			133193			
4	1410 Administration			61000			
5	1411 Audit						
6	1415 Liquidated Damages						

Annual Statement/Performance and Evaluation Report			Consolidated Plan		
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Lycoming County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26PO21501-07			Federal FY of Grant: 2007
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/08 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
7	1430 Fees and Costs	32500			
8	1440 Site Acquisition				
9	1450 Site Improvement	351092			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	35000			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	56000		18337.45	18337.45
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	716913			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	40000			
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report Consolidated Plan
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part II: Supporting Pages

PHA Name: Lycoming County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26PO21501-07 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406	HA Wide	48128				In Planning
HA Wide	Resident Programs: Drug Prevention, after-school, summer school, day care center, job programs, resident activities, youth programming	1408	HA wide	111493				In Planning
HA wide	Capital Fund Coordinator	1408	1	15000				In Planning
HA wide	Computer Updates/Voice Mail	1408	1	6700				In Planning
HA wide	Staff Time/Training Costs	1410	HA wide	61000				In Planning
HA wide	Construction Inspector/architect for CFP activities	1430		32500				In Planning
PA21-13	Repave Parking Lot	1450	22000 sq. ft.	55369				In Planning
PA21-5	Parking Lot and Exterior Site Renovations (Storm Water drainage, sidewalks, landscape, picnic area, play area lot resurfacing)	1450	30000 sq. ft lot 350ft. sidewalk Landscape 4 bldgs. 20000 sf play lot	250723				In Planning
PA21-1	Underground utilities, landscaping, sidewalks	1450	1 building/6 units	45000				In Planning
PA21-11	Build Storage Shed/ Warehouse Addition for equipment storage/ Repair Roof	1470	1 (2000 sq. ft)	35000				In Planning
PA062-2	Resident Relocation due to Kennedy King Disposition	1495.1	56 @\$1000 each	56000		18337.45	18337.45	Underway

Part III: Implementation Schedule

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Lycoming County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA26R021501-07			Federal FY of Grant: 2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) Performance and Evaluation Report for Period Ending: 9/30/08 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	0	173160	173160	150248.00
19	1501 Collateralization or Debt Service	173160	0	0	0
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	173160	173160	173160	150248.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

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Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Lycoming County Housing Authority			Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: PA26R021501-07				Federal FY of Grant:2007
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
All Activities	12/07	12/08		12/07	12/08		Higher Acquisition Costs, Need multiple years of funding

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Lycoming County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26PO21501-06			Federal FY of Grant: 2006
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:2) <input type="checkbox"/> <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/07 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	95000		67756.96	67756.96
4	1410 Administration	15372.24		15372.24	15336.34
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	42500		42500	0
8	1440 Site Acquisition				
9	1450 Site Improvement	135987.86		135987.86	135987.86
10	1460 Dwelling Structures	187487.90		0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	476348		261581.16	261581.16
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Lycoming County Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26PO21501-06 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Resident Programs: Drug Prevention, after-school, summer school, day care center, job programs, resident activities, youth programming	1408	HA wide	95000		67756.96	67756.96	ongoing
HA wide	Capital Fund Coordinator	1408	1	0		0	0	
HA wide	Computer Updates/Voice Mail	1408	1	0		0	0	
HA wide	Staff Time/Training Costs	1410	HA wide	15372.24		15372.24	15336.34	ongoing
HA wide	Construction Inspector/architect for Albright Center Construction	1430		42500		42500	0(recovered original 42,500 spent due to A&E omissions and errors)	Ongoing
PA 21-4	200' Sidewalks, 18000 sf Parking Lot	1450	200' / 18000 sf	135987.86		135987.86	135987.86	Complete
PA 21-5	Replace Kitchen cabinets/counters	1460	18	45000		0	0	In design phase
PA 21-11	Replace Kitchen cabinets/counters	1460	65	142487.90		0	0	In design phase (from '07 plan)

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Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Lycoming County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA26R021501-06			Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/07 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	180595		180595	180595.00
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Lycoming County Housing Authority			Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: PA26R021501-06				Federal FY of Grant:2006
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual	
All Activities	12/06		7/06	12/06	3/08	06/08	Higher Acquisition Costs, Need multiple years of funding

Annual Statement/Performance and Evaluation Report				10-2-07	
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Lycoming County Housing Authority			Grant Type and Number Capital Fund Program Grant No: PA26PO21501-05		Federal FY of Grant: 2005
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> ☒ Performance and Evaluation Report for Period Ending: 9/30/07 <input type="checkbox"/> Final Performance and Evaluation Report <input type="checkbox"/>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	101144.60	97625.63	97625.63	87182.34
4	1410 Administration	34722.27	40800.00	40800.00	40800.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50909.44	48350.68	48350.68	48350.68
8	1440 Site Acquisition				
9	1450 Site Improvement	251001.07	295090.39	295090.39	295090.39
10	1460 Dwelling Structures	67945.62	23856.30	23856.30	23856.30
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures		0		
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	64598	0		
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	505723	505723	505723	495279.71
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Lycoming County Housing Authority			Grant Type and Number Capital Fund Program Grant No: PA26P021501-05 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HAwide	Resident programs: Drug programs/screening; after-school/summer school programs; day care center; crafts; job search, Capital Fund Coordinator; Computer Updates	1408	1	101144.60	97625.63	97625.63	87182.34	Nearly Complete
HAwide	Staff time and training	1410		34722.27	40800	40800	40800	Complete
HAwide	Architect Fees/Inspection costs	1430		50909.44	48350.68	48350.68	48350.68	Complete
21-5	Sidewalks, Parking Lots, Water Feature curbing, landscape, site improvements	1450	All	251001.07	295090.39	295090.39	295090.39	Complete from approved '06 plan
21-5	Portico and stair tower renovations	1460	All	67945.62	0	0	0	Complete from '06 plan
21-1 & 2	Repoint and Repair Chimneys	1460	36	0	23856.30	23856.30	23856.30	Emergency Repair - Complete

Annual Statement/Performance and Evaluation Report				10-2-07			
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
PHA Name: Lycoming County Housing Authority			Grant Type and Number Capital Fund Program No: PA26P021501-05 Replacement Housing Factor No:				Federal FY of Grant:2005
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
1408/1410 HAwide	8/05			8/08			
1430	8/05			8/08			
1450	8/05			8/06			
1460	3/05	8/05		8/05	9/06		

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Lycoming County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA26R021501-05			Federal FY of Grant: 2005
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
X Performance and Evaluation Report for Period Ending: 9/30/07 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration		0	0	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		0	0	
8	1440 Site Acquisition				
9	1450 Site Improvement		0	0	
10	1460 Dwelling Structures		100610	100610	100610
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	167310	66700	66700	66700
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	167310	167310	167310	167310.
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Lycoming County Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: PA26R021501-05				Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Harmony Way	Dwelling construction 3 3br homes and 1 4br HC home	1460		100610		100610	100610	Complete
Harmony Way	Development Activities	1499		66700	66700	66700	66700	Complete

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

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Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Williamsport Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26PO62501-04 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 5) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/08 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	26300	29900	29900	29900
3	1408 Management Improvements	15000	59800	59800	59800
4	1410 Administration	26300	29900	29900	29900
5	1411 Audit	500	500	500	500
6	1415 Liquidated Damages				
7	1430 Fees and Costs	73500	48500	48500	48500
8	1440 Site Acquisition	51876	27992	27992	27992
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	9266.38	9266.38	9266.38	9266.38
11	1465.1 Dwelling Equipment—Nonexpendable	47368.62	47368.62	47368.62	47368.62
12	1470 Nondwelling Structures	25601.03	25601.03	25601.03	25601.03
13	1475 Nondwelling Equipment	10347.28	10347.28	10347.28	10347.28
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	299176	299176.00	299176	299176
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	40000	40000	40000	40000

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Williamsport Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26PO62501-04 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Dev. Number/ HA-Wide Activity	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-wide	Operations	1406	Ha-wide	26300	29900	29900	29900	Complete
HA Wide	Management Improvement: Resident Service Programs; Crime Prevention Strategies; Program Support for Big Brothers/Big Sisters and other local providers of youth and family services; Support Youth Programming at PA62-2 Community Center and the Campbell Street Center to include educational, health, and arts programs	1408	Ha-wide	15000.	59800	59800	59800	Complete
HA-wide	Administrative Expenses Oversight /admin. of cap fund work	1410	HA-wide	26300	29900	29900	29900	Complete
HA-wide	Audit	1411	1	500	500	500	500	Complete
HA-wide	Fees and Costs	1430	Ha-wide	73500	48500	48500	48500	Complete
PA62-2	Site park improvements: gravel, landscaping, concrete pads	1450		5000	10000	10000	10000	Complete
PA62-1	Highrise Kitchen Lights	1460	50	3500	0	0	0	Moved to 2005
PA62-2	Replace Kitchen Cabinets/counters	1460	15	0	9266.38	9266.38	9266.38	Complete
PA61-1	Replace Administrative Office Boiler	1470	1	27500	25601.03	25601.03	25601.03	Complete
PA62-1	Replace Emergency Generator	1465.1	1	0	47368.62	47368.62	47368.62	complete
PA62-1	Replace Admin. Office Security Doors	1470	2	0	0	0	0	Funged from 2003
PA62-1	Security Cameras	1475	6	12500	0	0	0	Moved to 2005
PA 62-1	Community Room Chairs	1475	50	1200	0	0	0	Moved to 2005
PA62-1	Admin. Office Computer Upgrades	1475	Various	0	1327.03	1327.03	1327.03	complete
PA62-1	Replace lawn/snow equipment	1475	1	0	9020.25	9020.25	9020.25	complete

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Williamsport Housing Authority

Grant Type and Number	Amount	Source	Year	Notes
...

Capital Fund Program No: PA26PO62501-04

Replacement Housing Factor No:

Federal FY of Grant:

2004

[illegible]

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Williamsport Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26PO62501-05 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
---	---	--

☐ Original Annual Statement
 ☐ Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 9/30/08
 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	7751		7751	7751
3	1408 Management Improvements	43500		43500	43500
4	1410 Administration	29900		29900	21669.68
5	1411 Audit	500		500	500
6	1415 Liquidated Damages				
7	1430 Fees and Costs	48500		48500	48500
8	1440 Site Acquisition	50000		0	0
9	1450 Site Improvement	91500		17436.97	17436.97
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	5376		5376	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	277027		152963.97	147587.97
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Williamsport Housing Authority			Grant Type and Number Capital Fund Program Grant No: PA26PO62501-05 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005		
Dev. Number/ HA-Wide Activity	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-wide	Operations	1406	Ha-wide	7751		7751	7751	Complete
HA Wide	Management Improvement: Resident Service Programs; Crime Prevention Strategies; Program Support for Big Brothers/Big Sisters and other local providers of youth and family services; Support Youth Programming at PA62-2 Community Center and the Campbell Street Center to include educational, health, and arts programs	1408	Ha-wide	43500		43500	43500	Complete
HA-wide	Administrative Expenses Oversight /admin. of cap fund work	1410	HA-wide	29900		29900	29900	Complete
HA-wide	Audit	1411	1	500		500	500	Complete
HA-wide	Fees and Costs	1430	Ha-wide	48500		48500	48500	Complete
PA62-2	Site park improvements: gravel, landscaping, concrete pads	1450		91500		17436.97	17436.97	Ongoing
HA wide	Replace 2 lawn mowers	1475	2	5376		5376	0	Fall 08
PA62-1	Acquire Community Center and Park property to replace one lost due to site disposition	1440	1	91500	50000	50000	0	Closing 10/07

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Williamsport Housing Authority

Grant Type and Number

Capital Fund Program No: PA26PO62501-05

Replacement Housing Factor No:

Federal FY of Grant:

2005

[illegible]

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Williamsport Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26PO62501-06 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 01 :)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/07 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	24228	24900	153.13	153.13
3	1408 Management Improvements	48456.	49800	49762.44	49762.44
4	1410 Administration	24900		24900	22176.68
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25000		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	35000		0	0
10	1460 Dwelling Structures	89839		89839	49843.69
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	249439		164654.57	121934.94
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation				

Annual Statement/Performance and Evaluation Report
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
 Part II: Supporting Pages

PHA Name: Williamsport Housing Auth.		Grant Type and Number Capital Fund Program Grant No: PA26PO62501-06 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operating Expenses	1406		24228	24900	24900	153.13	Ongoing
	Management Improvements Computer Software Upgrades; Resident/Youth Programs; Crime Prevention Activities; Cap Fund Coordinator	1408		48456	49800	49762.44	49762.44	Ongoing
HA-Wide	Administration, Oversight of program	1410		24228	24900	0	0	Ongoing
	Fees and Costs	1430		25000	25000	0	0	Ongoing
PA62-2	Site Improvements Replace Play Equipment with HC Accessible Play Equipment and add lighting to ballfield Replace Picnic Tables and bleachers with HC Accessible tables and bleachers	1450		30853 4147				spring 08
PA21-7,8,9,10	Replace Roofs	1460	19	89839	89839	89839	49843.69	From 2010
PA62-1	Replace Apt. Carpet	1460	53	79500	0	0	0	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Williamsport Housing Auth.			Grant Type and Number Capital Fund Program No: PA26PO62501-06 Replacement Housing Factor No:			Federal FY of Grant: 2006	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	12/08			6/09			
PA62-2	3/07			9/07			
PA62-1	12/07			12/08			
PA21-7,8,9,10	12/07	12/08	9/08	12/08			



1941 Lincoln Drive • Williamsport, PA 17701
(570) 323-3755 • Fax (570) 323-5230

TO: Dennis Bellingtier

FROM: Elizabeth A. Turner, Executive Director

RE: Resident Board Member

DATE: September 26, 2008

Mrs. Dorothy Engel of our Hepburn Highrise Building is our Resident Board Representative. The length of her term is a five year period, commencing January 2004. Mrs. Engel's term expires on December 31, 2009. Her address is 400 Lycoming Street, Apartment 800, Williamsport, PA 17701

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the *Standard Annual, Standard 5-Year/Annual, and
Streamlined 5-Year/Annual PHA Plans***

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the XX__ standard Annual, __ standard 5-Year/Annual or streamlined 5-Year/Annual PHA Plan for the PHA fiscal year beginning 01/01/09, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
4. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
5. The PHA will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
6. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
7. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's MTCS in an accurate, complete and timely manner (as specified in PIH Notice 99-2);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
9. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
10. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
11. The PHA has submitted with the Plan a certification with regard to a drug free workplace required by 24 CFR Part 24, Subpart F.
12. The PHA has submitted with the Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.

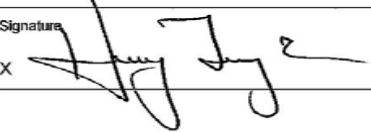
13. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
14. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
15. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58.
16. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
17. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
18. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
19. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments) and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments.).
20. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
21. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.

Lycoming County Housing Authority
PHA Name

PA021
PHA Number/HA Code

- ___ Standard PHA Plan for Fiscal Year: 2009
- ___ Standard Five-Year PHA Plan for Fiscal Years 20__ - 20__, including Annual Plan for FY 20__
- XX Streamlined Five-Year PHA Plan for Fiscal Years 2009 - 2014, including Annual Plan for FY 2009

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Henry Frey Jr.	Chairman
Signature	Date
X 	September 26, 2008

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

LYCOMING COUNTY HOUSING AUTHORITY

Applicant Name

PUBLIC HOUSING OPERATING SUBSIDIES AND CAPITAL FUND PROGRAM

Program/Activity Receiving Federal Grant Funding

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

P.D. Mitchell 505 Center Street Williamsport, PA 17701

Peter Herdic Highrise 505 Center Street Williamsport, PA 17701

Town Houses 505 Center Street Williamsport, PA 17701

Michael Ross 1600 Sherman Street Williamsport, PA 17701

Penn Vale 1941 Lincoln Drive Williamsport, PA 17701

Robert Montgomery Homes 38 Bower Street Montgomery, PA

William Hepburn Highrise 400 Lycoming Street, Williamsport, PA 17701

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Title

Henry Frey, Jr

Chairperson

Signature

Date

X


9-30-2008

form HUD-50070 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Lycoming County Housing Authority 1941 Lincoln Drive Williamsport, PA 17701 Congressional District, if known: 4c			5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:		
6. Federal Department/Agency: Public Housing Agency			7. Federal Program Name/Description: CFDA Number, if applicable:		
8. Federal Action Number, if known:			9. Award Amount, if known: \$		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature:  Print Name: Henry Frey, Jr. Title: Chairperson Telephone No.: 570-323-3755 Date: 9-30-2008		
Federal Use Only:			Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		

**Certification of Payments
to Influence Federal Transactions**

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 3/31/2010)

Applicant Name

Lycoming County Housing Authority

Program/Activity Receiving Federal Grant Funding

Public Housing Operating Subsidies and Capital Fund

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

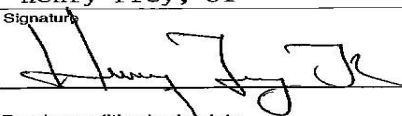
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Henry Frey, Jr	Chairperson
Signature	Date (mm/dd/yyyy)
	9-30-2008

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

CERTIFICATE OF RECORDING OFFICER

- (1) I, Elizabeth A. Turner, hereby certify that I am the duly appointed, qualified and acting Secretary of Lycoming County Housing Authority.
- (2) I am the custodian of the records of said Lycoming County Housing Authority.
- (3) The attached copy of Resolution 1743, **Authorizing Submission of the FY2009 Lycoming County Housing Authority Agency Plan**, is a true and correct copy of said Resolution as adopted at a Regular Meeting of the Board of Directors of Lycoming County Housing Authority.
- (4) Said meeting was duly convened and held in accordance with the By-Laws of Lycoming County Housing Authority, a quorum of said members voted favorably and in a manner required by the By-Laws for the adoption of said Resolution.

IN WITNESS HEREOF, I have hereto set my hand and corporate seal of Lycoming County Housing Authority this 16th day of September 2008.

(SEAL)


Elizabeth A. Turner, Secretary

RESOLUTION 161743

In a regular session of the Board of Directors of Lycoming County Housing Authority, held on December 18, 2007 the following Resolution was introduced by the Secretary, read in full and considered:

BE IT RESOLVED BY THE BOARD OF DIRECTORS OF LYCOMING COUNTY

HOUSING AUTHORITY: That Resolution Authorizing Submission of the FY2009 Lycoming County Housing Authority Agency Plan be Approved.

Alfreda Baer moved the foregoing Resolution be adopted as introduced and read, which motion was seconded by Dorothy Engel and upon a roll call the "Ayes" and "Nays" were as

follows:

Ayes

Nays

Alfreda Baer
Dorothy Engel
George Girio
Henry Frey, Jr.
Kenneth Young

None

Absent: None

The Chairperson thereupon declared said motion carried and said Resolution adopted as **Resolution No. 1743**